



9-8-05

DFW

ELM/002 Div. 6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Glenn J. Leedy  
Application No. : 10/614,067 Confirmation No. : 8117  
Filed : July 3, 2003  
For : THREE DIMENSIONAL STRUCTURE INTEGRATED  
CIRCUIT  
Examiner : Pamela E. Perkins  
Group Art Unit : 2822  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATION

"Express Mail" Mailing Label No. EV 619644255 US  
Date of Deposit: September 6, 2005

I hereby certify that this certification and the following papers and fees:

1. Transmittal Letter (in duplicate);
2. Amendment;
3. Supplemental Information Disclosure Statement (in duplicate);
4. Form PTO/SB/08 (in duplicate); and
5. Return postcard

are being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.



Name: Isatta B. Smith



Express Mail Lavel No. EV 619644255 US

PATENTS

Attorney Docket No. ELM-2 Div. 6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicant : Glenn J. Leedy  
Application No. : 10/614,067 Confirmation No.: 8117  
Filed : July 3, 2003  
For : THREE DIMENSIONAL STRUCTURE INTEGRATED  
CIRCUIT  
Group Art Unit : 2822  
Examiner : Pamela E. Perkins

New York, New York 10020  
September 6, 2005

Mail Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith is an Amendment, a  
Supplemental Information Disclosure Statement, and a PTO Form  
PTO/SB/08 (in duplicate) to be filed in the above-identified  
patent application.

FEE FOR ADDITIONAL CLAIMS

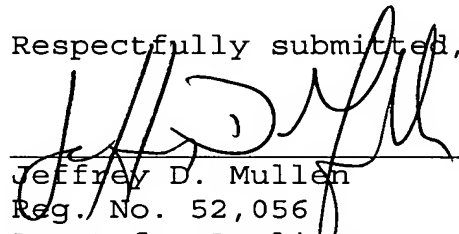
[X] A fee for additional claims is not required.  
[ ] A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	78	-	78 * =	X \$ 50 = \$ .00
INDEPENDENT CLAIMS	5	-	5 ** =	X \$ 200 = \$ .00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$ 360 = \$ .00
* If less than 20, insert 20.			TOTAL	\$ <u>.00</u>
** If less than 3, insert 3.				

- [ ] As a result of the amendment submitted herewith, this application now includes excess pages beyond those previously paid for. The number of additional groups of 50 excess pages resulting from this amendment is \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_.
- [ ] A check in the amount of \$ \_\_\_\_\_ in payment of the fee for additional claims and/or pages is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. §1.17 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075 (Order No. 001202-0132). A duplicate copy of this transmittal letter is transmitted herewith.
- [ ] Please charge \$ \_\_\_\_\_ to Deposit Account No. 06-1075 (Order No. 001202-0132) in payment of the fee for additional claims. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

  
\_\_\_\_\_  
Jeffrey D. Mullen  
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